•	OTA	MENDMEN	TRANSMITT	AL LETTER		ATTORN UF-232	EYS DOCKET NO. XC1	
SERIAL NO. 09/491,06	OCT 1 5 2002	FILING DATE January 25		EXAMINER Mary M. S	chmidt	GROUP / 1635	ART UNIT	
INVENTION Materials a	and Methods for	Detection o	f Oxalobacter Fo	ormigenes			RECEIV	ED
			<u></u>				OCT 2 1 2	902
			TS AND TRADE the above-identif	_	n.		TECH CENTER 16	00/290
⊠	Small entity previously		application unde	er 37 CFR 1.2	has been established by	a verified sta	tement	
	A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.							
	No additional fee is required.							
	No addition	iai tee is requ	incu.					
_		-	ited as shown bel	ow:				
		-		ow: (3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	•21	MINUS	** 20	1
INDEP.	• 3	MINUS	*** 3	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDIT. FEE	<u>C</u>
\$ 9	\$9.00	
\$42	\$0.00	
\$140	\$0.00	

\$9.00

Total

RATE ADDIT. FEE

\$18 \$0.00

\$84 \$0.00

\$280 \$0.00

Total addit. \$0.00

The Highest No. Previously Paid For (Total or Indep.) is the highest number found in the appropriate box in Col. 1.

- Please charge my Deposit Account No. 19-0065 in the amount of \$ 9.00 . A duplicate copy of this sheet is enclosed.
   □ A check in the amount of \$ to cover the filing fee is
- enclosed.

  The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-0065. A duplicate copy of this sheet is enclosed.
  - Any additional filing fees required under 37 CFR 1.16.
  - Any patent application processing fees under 37 CFR 1.17.

October 7, 2002	
(date)	(signature)

Form PTO-FB-A520 (8-83) (also form PTO-1083)

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<sup>\*</sup> If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

<sup>\*\*</sup> If the Highest No. Previously Paid For IN THIS SPACE is less than 20, enter "20."

<sup>\*\*\*</sup> If the Highest No. Previously Paid For IN THIS SPACE is less than 3, enter "3."